

GRANT COUNTY

CONSERVATION, SANITATION AND ZONING DEPT

150 West Alona Lane, Suite #1, Lancaster, WI 53813 608/723-6377 X4
sanitation@co.grant.wi.gov

Fax: (608) 723-6792

VARIANCE APPLICATION PROCEDURES

FEE: \$400.00

The following is a review of the overall procedure involved in applying for a Variance. This review is not meant to be all-inclusive for all cases, but will provide an idea of what processes and materials are needed to complete your variance request application. The CSZ Dept. staff will answer questions about the application, but the staff cannot be responsible for any defects that may arise in your application nor provide you with legal advice.

Public hearings: A Variance requires a public hearing before the Town the property is located in, then with the Grant County Board of Adjustments. Board of Adjustment hearings are scheduled on a first come, first served basis and are held at the Grant County Administrative Building or the Conservation, Sanitation & Zoning Dept. Building.

This packet contains: 1- A Variance Application, 2- A Request for Town Participation form.

Application: A completed Variance application must be signed by the current property owner(s) seeking zoning relief, then submitted {with fee} to the Grant County CSZ Dept. before a public hearing date can be scheduled.

The Town Participation Form must be completed by the town then submitted to the CSZ Dept. prior to the BOA Hearing.

If the Town Participation Form is not received and accepted by the CSZ Dept. in time for the Board of Adjustments hearing and the request is postponed as a result, the applicant shall be required to pay another application fee.

On the Variance Application under Property Location, the complete legal description of the property is required including the Tax Parcel ID number.

If the legal description is too large for the space provided it may be attached as a second page to the application.

This legal description can be obtained from the following: (1) Property tax bill, (2) Plat of Survey, (3) Title policy.

The application must be signed by all property owner(s) of record and only the original documents are accepted, no copies or faxes.

If an agent is to sign the application, written proof of agent authority is required to accompany the application.

If the property is in a Trust the Trustee must sign the application and provide proof of authority with the names and address of all those with a beneficial interest in the Trust.

Please include a day time phone number on the application so we may reach you for questions or additional information.

At the BOA hearing the petitioner, petitioner's attorney or agent must attend the public hearing and present testimony.

The BOA does not require that the petitioner have an attorney; however, they may be represented by one if they wish.

This presentation can be of any length and can involve any additional materials that are relevant to the variance request, although the Board of Adjustment would prefer that all presentation be kept as short as possible.

The rationale for zoning relief must be given in narrative form by the petitioner with information provided that the proposed variance and associated structures will not be hazardous, harmful, offensive, or otherwise adverse to the environment or the community.

The order of presentation will be:

(1) – CSZ staff findings, (2) – Petitioners presentation, (3) – Persons in support, (4) – Persons in opposition

Supporting documents may include a detailed plot plan, operational plans, engineering plans, topographical maps, floodplain hydraulic analyses, flood-proofing and other specifications.

All materials presented as evidence and exhibits by the petitioner will be marked and retained by the Board of Adjustment.

All questions arising from the public shall be directed to the Board of Adjustments Chairperson.

Board Decision: Following each Board of Adjustment Hearing and assuming no extenuating circumstances accrue, the BOA will announce their decision.

GRANT COUNTY VARIANCE APPLICATION

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Phone: 608-723-6377 X4

FAX: 608-723-6792

Office use:

Tax Parcel # _____ Fee Paid \$ _____ Date Received: _____

County Zoning District: _____ SPO Zoning District: _____ FIRM/Flood Study: _____

Applicant:**Property Location:**

Owner(s) Name _____

_____ 1/4 _____ 1/4 Sec. _____ T _____ N R _____ W

Mailing Address _____

Lot _____ Block _____ Addition _____

Subdivision/CSM# _____

Phone# _____

Town of _____

Variance request for the following Ordinance(s):

Tax Parcel # _____

Section # _____ of the Grant County _____ Ordinance

Section # _____ of the Grant County _____ Ordinance

Section # _____ of the Grant County _____ Ordinance

1. Explain how the proposed development varies from dimensional standards of the Ordinance {Variance requested should be the minimum needed to allow reasonable use}: _____

2. Explain the hardship imposed by the Ordinance and/or by unique property features {To qualify, the applicant must demonstrate that the Ordinance regulation is unnecessarily burdensome}: _____

3. Explain why the proposed variance(s) will not harm the general public interest: _____

Plot Plan: An attached plot plan or location sketch drawn to scale or with dimensions is required showing the location, boundaries, uses and sizes of all existing and proposed structures, property lines, roads, and road right-of-way lines, easements, driveways, sanitary system, utilities, and all other pertinent features. **If additional space is needed to answer questions 1 thru 4 use the back of this form or an attached second page.**

IMPORTANT: If the Town Participation Form is not received and accepted by the CSZ Dept. prior to the Board of Adjustment hearing and the request is postponed as a result, the applicant shall be required to pay another application fee.

Notices: Depending on the request, in addition to the Town and property owners within 300 ft., notice of this request may be forwarded to the following entities: {1} WDNR {2} WDOT {3} DATCP {4} Property owner associations.

I/We the undersigned are applying for a variance requested for the above described property and I/We hereby state that the information on this application, the attached plot plan and materials presented as evidence or exhibits pursuant to this variance request are accurate. As part of this variance request, I/We the undersigned property owner(s) hereby grant permission for the Board of Adjustments hearing to be held on the above described property at the discretion of the Board of Adjustments Chairperson.

Property Owner(s) Signature _____

Date _____

GRANT COUNTY CONSERVATION, SANITATION AND ZONING DEPARTMENT

REQUEST FOR TOWNSHIP PARTICIPATION

LAWS REGARDING COMPREHENSIVE PLANS:

Wisconsin Statute 66.1001(3) ACTIONS, Procedures that must be consistent with comprehensive plans. Beginning on January 1, 2010, land-use decisions made by local governmental units shall be consistent with that local governmental unit's Comprehensive Plan.

Section – 1

APPLICANT COMPLETES SECTION - 1

To the request for (Name) _____ to be granted a:

Request type: (Note in some cases a Zoning District Change may include a Comp. Plan Map Change)

Brief description of request ↓

_____ ZONING DISTRICT CHANGE → _____

_____ COMP. PLAN MAP CHANGE → _____

_____ CONDITIONAL USE → _____

_____ VARIANCE → _____

_____ SPECIAL EXCEPTION → _____

For the property: Tax Parcel# _____ - Property Address _____

APPLICANT: *To get this form completed by the Town, have your request placed on the Town Board Meeting Agenda. To ensure that the CSZ Committee or the Board of Adjustment will hear your request, be sure to return this completed form with your application.*

Section – 2

TOWN BOARD: PLEASE COMPLETE SECTION - 2

----- Questions 1 thru 4 must be answered to validate this document -----

CIRCLE ONE

1 - Does the town have any regulations (town ordinance) that would apply to the request? ----- Yes No

If yes – please explain: _____

2 - Is the request consistent with the Towns Comprehensive Plan objectives and policies? ----- Yes No N/A

3 – If the request is not consistent with the Towns Comprehensive Plan,

Does the Town wish to amend the Comprehensive Plan Map to allow the request? ----- Yes No N/A

4 - Does the town wish to allow the request to change the Zoning District only? ----- Yes No N/A

THE TOWN OF _____ TOWN BOARD ON THIS DATE _____

☐ DOES NOT OBJECT TO THE REQUEST

☐ OBJECTS TO THE REQUEST

Board Vote: Number In-Favor _____ Number Opposed _____ Number Abstained _____

Reason(s) for the town board decision: _____

CHAIRMAN

CLERK

SUPERVISOR

SUPERVISOR

UPON COMPLETION RETURN TO APPLICANT